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CONFIRMATION NO. 7906

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|--|---|--------------------------------|---|---|
| SERIAL NUMBER 10/809,975 | FILING OR 371(c) DATE 03/26/2004 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. ACADIA.035A |
| APPLICANTS Robert E. Davis, San Diego, CA; Kimberly Vanover, San Diego, CA; Mario Rodriguez, Lihue, HI; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/459,045 03/28/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/27/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after. met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY CA | SHEETS DRAWING 2 | TOTAL CLAIMS 13 |
| Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS 20995 | | | | |
| TITLE Muscarinic M1 receptor agonists for pain management | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |